

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Agency: J16 - Department of Disabilities and Special Needs **Functional Group:** Health

1012 Greenwood Genetic Center

During the past decade, DDSN and GGC have taken the lead in utilization of folic acid treatment to prevent neural tube defects in newborn babies. Women of childbearing age are provided information and counseling on prevention of NTD's. GGC also provides genetic evaluations, treatments and counseling services to consumers and their families who have had or are at substantial risk of a several developmental disability. The emphasis is on preventing disabilities, when possible. Once identified, many treatments are available for many of the developmental disabilities and birth defects. The most recent initiative applies new scientific knowledge to the curative treatment and prevention of disabilities caused by metabolic diseases. The Metabolic disease program provides a comprehensive treatment program for infants with genetic metabolic conditions identified through the SC Newborn Screening Program in order to avoid the occurrence of significant mental retardation or other developmental disabilities.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$11,546,900	\$2,550,849	\$0	\$3,500,000	\$0	\$5,496,051	0.00

Expected Results:

A continued decrease in newborns born with NTD's. Increased knowledge by families of risk factors for developmental disabilities. Confirmation of diagnosis of treatable genetic metabolic conditions among infants, instituting appropriate nutritional, hormonal, pharmaceutical or other treatment for those infants in whom efficacious and safe treatments have been developed, and monitoring the success of treatments.

Outcome Measures:

Rate of NTD's in SC and Nationally per 1000 live births. FY 02 rate = 1.86 per 1,000. FY 06 rate was .68 per 1,000. In FY 06, over 800 consumers and families were referred to genetic counseling. In FY 06, 120 newborns were identified with a metabolic condition. Of these, 79 or 66% are receiving treatments that are predicted to have a positive impact on their development and overall health.

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1013 Other Prevention

DDSN has initiated and sustained many prevention programs through contractual and other partnerships with the Center for Disease Control & Prevention, the Greenwood Genetic Center, the University of South Carolina School of Medicine, Medical University of SC, Department of Family and Preventive Medicine, DHEC and DHHS. Activities implemented through prevention efforts include: Community Mini-grants awarded by DDSN to promote disability prevention through local programs. Grants are awarded to local schools and nonprofit community organizations. Up to 10 mini-grants are awarded each year. Steps to Your Health is a evidence based wellness program for adults with disabilities focusing on addressing the highest causes of disease and disabilities (heart disease, stroke, cancer). Nutrition, exercise and stress management are examples of classes offered. The program has published results and is undergoing further rigorous study to examine additional results.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$164,683	\$39,183	\$90,500	\$0	\$0	\$35,000	0.00

Expected Results:

Participants will lose weight. Participants will eat more whole grains, fruits and vegetables and spend more time each week exercising. Participants will have reduced blood pressure and cholesterol levels.

Outcome Measures:

Measure changes in body weight and body mass index. Change in knowledge/behavior related to exercise and nutrition using the Behavioral Risk Factor Surveillance System. Improvement in medical conditions such as high blood pressure, high cholesterol, diabetes and anxiety.

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1014 Early Intervention

Early Intervention is a family-focused, research based in-home service for children from birth to age 6. An Early Interventionist trains the family each week on how to work and play with their child to stimulate the child's development. EI's use a variety of tools, techniques and interventions with parents and other primary caregivers and closely monitor the child's developmental progress. The parent or primary caregiver learns how to provide interventions throughout the day thus expediting the child's gains and reducing the need for staff time thus keeping state costs at a minimum. DDSN's early intervention program is one of the largest provider's of BabyNet services. Approximately, 4,000 children receive early intervention services. S.C. Code of Laws 44-7-2540 Infants and Toddlers with Disabilities.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$16,439,838	\$2,356,905	\$0	\$0	\$0	\$14,082,933	2.00

Expected Results:

By age three, 50% of children receiving early intervention services will meet their developmental targets and therefore will no longer require services from DDSN. Average cost per recipient will be within normal inflationary increases. Efforts to lower caseload averages will allow DDSN to stay within the inflationary benchmarks.

Outcome Measures:

66% of children who were 36 months old in FY 06 whose cases were closed in FY 07. Average cost per recipient in FY 07 was 2.3% higher than the average cost per recipient in FY 06.

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1015 Center Based Child Development

Center based child development centers provide quality care to children birth to six with significant disabilities. Services are very limited to areas where private child care is scarce and often not prepared to work with children with significant delays and disabilities. The added benefit allows the primary caregiver to continue working. The daily intervention therapies and treatments place an emphasis on maximizing each child's development. 108 children received this care in FY 07. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$1,161,569	\$350,000	\$0	\$0	\$0	\$811,569	0.00

Expected Results:

Children with significant developmental delays and medical conditions will receive interventions to ameliorate or reduce the level of delay or disability.

Outcome Measures:

Developmental delays and medical conditions in 87% percent of children improved to the degree the children no longer require services from DDSN.

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1016 Other Family Support

Summer services participants attend various types of summer activities, from traditional daytime and residential camps that provide supervised recreational activities for children, to highly individualized services and activities arranged by the family. Many of these services allow the primary caregiver to continue working in the summer while their children are not in school. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$775,741	\$709,741	\$66,000	\$0	\$0	\$0	0.00

Expected Results:

Increase the number of consumers supported by 12%. Maintain a cost per child at no more than \$250 per child.

Outcome Measures:

The number of consumer's served in summer 2007 increased by nearly 24% over summer 2006 levels. Average

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cost per child in summer 2006 was \$205. Cost per child in summer 07 was \$230.

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1017 Special Olympics- state funds are passed through to Special Olympics Organization

Special Olympics provides year round sports training and competition for children and adults with mental retardation.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$355,000	\$225,000	\$0	\$0	\$0	\$130,000	0.00

Expected Results:

Operate statewide events and competitions with some segregated and some integrated to include non-disabled individuals to maximize the potential of each consumer. About 15,500 children and adults with intellectual disabilities are registered with Special Olympics. About 850 are involved in integrated sports.

Outcome Measures:

Appropriate funding level has been maintained to ensure expected results.

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1018 In-Home Waiver Services

The mental retardation and related disabilities (MR/RD) Medicaid Waiver allows consumers and their families to choose to receive services in their own home and community instead of in an institution. It is a less expensive alternative to Medicaid's intermediate care facilities for people with mental retardation (ICF/MR) and allows South Carolina to maintain compliance with the Olmstead Supreme Court decision, which is to support people in the least restrictive environment. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$44,029,539	\$21,119,552	\$0	\$0	\$0	\$22,909,987	4.00

Expected Results:

Maintain the percentage of individuals with developmental disabilities placed in nursing homes at one-half of the

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national average. Average per person cost of waiver is less than average per person cost of ICF/MR.

Outcome Measures:

In South Carolina in FY 06, 5.5% of individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities compared with 11.1% nationally. Average cost per recipient for waiver services for FY 07 is \$12,100; Average cost per recipient for ICF/MR services is \$101,500.

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1019 Respite/Family Support Stipends

The main objective of the in-home family support program is to prevent unnecessary and costly out-of home placements of individuals with severe lifelong disabilities. Family support services prevent the breakup of families, reduce financial burdens associated with the family member's disability and prevent the development of crisis situations and the resulting expensive out-of-home placement. Family support stipends are available to help individuals/families afford the cost of care for an individual in his/her own home. Respite services provide temporary care to individuals, allowing families or caregivers to handle emergencies and personal situations or take a break so as to continue to be able to keep their family member at home. Over 3,600 consumers and their families used respite and family support stipends in FY 07. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$3,973,638	\$3,783,638	\$190,000	\$0	\$0	\$0	0.00

Expected Results:

Services will provide the needed relief or assistance to families who provide the majority of care to their family member with a disability. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.

Outcome Measures:

Results from an FY 07 survey show that the majority of families thought respite and financial support for personal care items were the most important services they received from DDSN. In FY 07, about 82% of all DDSN consumers lived in their own homes or with their families compared to 61% nationally. Measures above will be repeated in FY 08.

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1020 Adult Development and Supported Employment

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DDSN strongly emphasizes the value of work for persons with disabilities. Persons with disabilities report supported employment services were the second most important service they receive, just behind personal care. Center-based work shop services provide training & skill development in a workshop environment for persons with mental retardation and autism. Participants are paid wages based on their ability to produce. Assistance is provided to help individuals develop job-related skills such as money management, use of transportation & interpersonal skill development. Supported employment services are fully integrated services and typically taper down once the consumer is stable on the job. Enclaves provide work for groups of adults at a local industry or business. Participants work on-site. These jobs often lead to competitive employment. Mobile work crews train teams of adults to work in their community & perform services such as lawn care, janitorial or housekeeping. Over 6,900 people receive such supports. S.C. Code of Laws 44-21-10.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$63,273,447	\$12,506,888	\$0	\$500,000	\$500,000	\$49,766,559	1.00

Expected Results:

Increase by 10% the number of consumers who receive employment training and earn competitive wages. Increase the work related skills of consumers in center-based programs to prepare them for integrated work opportunities. Costs per person for all day services will be within 5% of the previous year to cover inflationary increases and the increasing cost to serve people with more complex needs from waiting lists.

Outcome Measures:

Consumers receiving employment training grew by 16% from FY 06 to the end of FY 07. Average cost per person for all day services increased 2.9% from FY 06 to FY 07. Measures above will be repeated in FY 08.

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1021 Service Coordination

Service coordinators ensure individuals with mental retardation have access to the full array of needed and available community services necessary to prevent institutional (ICF/MR) care. This includes access to services specifically for individuals with disabilities as well as other appropriate medical, social, educational and vocational services available to the public.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$20,701,817	\$3,910,226	\$0	\$0	\$0	\$16,791,591	10.00

Expected Results:

Service coordination will help consumers and their families access services that prevent the demand for institutional care. DDSN will maintain compliance with all state and federal laws in order to ensure effective delivery of service.

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Outcome Measures:

95% percent of consumers and their families report that their service coordinator helps them get what they need.
 6.7% percent of consumers report that needed services were not available. CMS MR/RD Waiver Review Report and QIO reports show that DDSN is in compliance.

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1022 Autism Family Support

The main objective of the in-home family support program is to prevent unnecessary and costly out-of home placements of individuals with severe lifelong disabilities. Family support services prevent the breakup of families, reduce financial burdens associated with the family member's disability and prevent the development of crisis situations and the resulting expensive out-of-home placement. Family support stipends are available to help individuals/families afford the cost of care for an individual in his/her own home. Respite services provide temporary care to individuals, allowing families or caregivers to handle emergencies and personal situations or take a break so as to continue to be able to keep their family member at home. Provide respite and/or support stipends, adult development training and rehabilitation to over 550 individual consumers and their families so as to help families care for the consumers in their own home and reduce the need for more expensive out-of-home residential care. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$7,607,408	\$1,345,138	\$55,000	\$0	\$0	\$6,207,270	14.00

Expected Results:

Services will provide the needed relief or assistance to families who provide the majority of care to their family member with a disability. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.

Outcome Measures:

Results from an FY 07 survey show that the majority of families thought respite and financial support for personal care items were the most important services they received from DDSN. In FY 07, about 82% of all DDSN consumers lived in their own homes or with their families compared to 61% nationally. Measures above will be repeated in FY 08.

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1023 Head and Spinal Cord Injury Service Coordination

Service coordinators ensure individuals with head or spinal cord injury have access to the full array of needed and available

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community services necessary to prevent institutional care. This includes access to services specifically for individuals with disabilities as well as other appropriate medical, social, educational and vocational services available to the public. 1,153 consumers with head or spinal cord injuries received specialty care coordination in FY 07.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$1,989,725	\$602,290	\$0	\$0	\$0	\$1,387,435	0.00

Expected Results:

Service coordination will help consumers and their families access services that prevent the demand for institutional care. DDSN will maintain compliance with all state and federal laws in order to ensure effective delivery of service.

Outcome Measures:

95% percent of consumers and their families report that their service coordinator helps them get what they need. 6.7% percent of consumers report that needed services were not available. CMS MR/RD Waiver Review Report and QIO reports show that DDSN is in compliance.

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1024 Head and Spinal Cord Injury Waiver Services

The Head and Spinal Cord Injury (HASCI) Medicaid Waiver allows consumers and their families to choose to receive services in their own home and community instead of in an institution, i.e. nursing home. It is a less expensive alternative to Medicaid's nursing home care and allows South Carolina to maintain compliance with the Olmstead Supreme Court decision, with is to support people in the least restrictive environment. In FY 07, approximately 645 HASCI consumers received waiver services. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$20,396,034	\$6,236,646	\$0	\$0	\$0	\$14,159,388	0.00

Expected Results:

Eligible consumers will choose to receive waiver services rather than nursing home services. Average cost per person in waiver will be less than average per person cost in a nursing home.

Outcome Measures:

In FY 07, over 180 individuals were taken off the waiting list and chose in-home waiver services rather than being placed in a nursing home. In South Carolina in FY 06, 5.5% of individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities compared with 11.1% nationally. Average cost per recipient for HASCI waiver services is approximately two-thirds of the average cost per

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recipient for nursing home services.

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1025 Head and Spinal Cord Injury Family Support

The main objective of the in-home family support program is to prevent unnecessary and costly out-of home placements of individuals with severe lifelong disabilities. Family support services prevent the breakup of families, reduce financial burdens associated with the family member's disability and prevent the development of crisis situations and the resulting expensive out-of-home placement. Family support stipends are available to help individuals/families afford the cost of care for an individual in his/her own home. Respite services provide temporary care to individuals, allowing families or caregivers to handle emergencies and personal situations or take a break so as to continue to be able to keep their family member at home. Provide respite and/or support stipends to 600 consumers and their families so as to keep the consumers in their own home and reduce the need for more expensive out-of-home residential care. S.C. Code of Laws 44-21-10 Family Support Services.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,588,944	\$1,303,944	\$115,000	\$0	\$0	\$1,170,000	4.00

Expected Results:

Services will provide the needed relief or assistance to families who provide the majority of care to their family member with a disability. DDSN will rank higher than the national average of persons with disabilities who live in their homes or with their family.

Outcome Measures:

Results from an FY 07 survey show that the majority of families thought respite and financial support for personal care items were the most important services they received from DDSN. In FY 07, about 82% of all DDSN consumers lived in their own homes or with their families compared to 61% nationally. Measures above will be repeated in FY 08.

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1026 Intermediate Care Facility/Mental Retardation (ICF-MR)

Community Intermediate Care Facilities/Mental Retardation (ICF/MR) residences are 8 to 15 bed community homes that resemble single-family homes in local neighborhoods for people with high levels of need. They provide 24-hour care, supervision, skills training, counseling, recreation and social activities. This is a special Medicaid residential program with intense staffing, medical and therapy and is reserved for persons with complex medical and behavioral needs.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$48,952,952	\$14,072,914	\$0	\$0	\$0	\$34,880,038	22.00

Expected Results:

Reduce the number of individuals funded in the most expensive ICF/MR residences by 50 during the year. Keep the cost per day at less than DDSN regional center ICF/MR costs. Maintain all state and federal licenses and certifications by passing DHEC licensure and certification surveys during the year. DDSN will continue to use its "money follows the person" principle for the 13th consecutive year.

Outcome Measures:

The funded capacity in community ICF/MR's declined by 77 in FY 07. DDSN community ICF/MR per day costs are \$234 as compared to \$312 for regional centers. 100% of the community ICF/MR's maintained their licenses and received annual certification. \$4 million dollars were transferred to other less restrictive community residential options.

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1027 Mental Retardation - Community Training Homes

Community training homes offer individuals the opportunity to live in a homelike environment under the supervision of qualified and trained staff. Personalized care, supervision and individualized skills training are provided for one to four individuals living in a home with most homes having four individuals. Caregivers are either trained private citizens who provide care in their own homes or employees who provide care in a home that is owned or rented by the provider organization or consumer. They provide 24 hour care in locally operated cost efficient, family-like out-of-home placements in the community for those individuals with mental retardation whose needs cannot be met with family supports. Over 2,400 consumers with mental retardation across the state are living in these types of homes in local communities.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$163,537,144	\$40,167,815	\$217,937	\$0	\$0	\$123,151,392	33.00

Expected Results:

Maintain a cost differential that is two-thirds of the cost of the community ICF/MR beds' cost and one-half the cost of regional center ICF/MR beds' cost. The result will be lower costs for community residential services per person served and the resulting achievement of having persons served in the least restrictive environment for their particular need for services. Reduce the waiting list by increasing number of individuals receiving residential services by 240 over a two year period ending June 30, 2008 and utilizing beds that have become available due to natural turnover.

Outcome Measures:

FY 07 Average Community Training Home cost: \$48,300. FY 07 Average Community ICF/MR cost: \$85,500.

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FY 07 Average Regional Center ICF/MR cost: \$113,900. In FY 07, DDSN was in compliance with the Olmstead Supreme Court decision. As of 6/30/07, over 236 consumers were placed in a community training home.

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1028 Mental Retardation - Assisted Living

Supervised living programs (SLP) serve adults with mental retardation capable of more independence with some support. The individuals may live in apartments, duplexes and other single family homes. Supervision, skills training, personal care and other support services are provided based on the individuals' needs. This residential option provides the least amount of supervision and is the least expensive to operate. Across the state, 600 consumers with mental retardation are living in these types of assisted living settings.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$14,693,907	\$2,745,145	\$0	\$0	\$0	\$11,948,762	5.00

Expected Results:

Maintain a cost differential that is one-half of the cost of community training homes beds' cost in the local communities. The result will be the lowest costs for community residential services that still provide the necessary supports while serving the person in the least restrictive environment for their particular needs for services. Reduce the waiting list by increasing the number of individuals receiving residential services by 160 over a two year period ending June 30, 2008, and utilizing beds that have become available due to natural turnover.

Outcome Measures:

FY 07 Average SLP cost: \$17,100. FY 07 Average Community Training Home cost: \$48,300 In FY 07, DDSN was in compliance with the Olmstead Supreme Court decision. As of 6/30/07, over 50 consumers were placed in assisted living settings.

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1029 Autism Community Training Homes

Community training homes offer individuals the opportunity to live in a homelike environment under the supervision of qualified and trained staff. Personalized care, supervision and individualized skills training are provided for one to four individuals living in a home with most homes having four individuals. Caregivers are either trained private citizens who provide care in their own homes or employees who provide care in a home that is owned or rented by the provider organization or consumer. They provide 24 hour care in locally operated cost efficient, family-like out-of-home placements in the community for those individuals with mental retardation whose needs cannot be met with family supports. Over 190

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consumers with autism across the state are living in these types of homes in local communities.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$14,851,065	\$4,280,019	\$0	\$0	\$0	\$10,571,046	50.00

Expected Results:

Maintain a cost differential that is two-thirds of the cost of the community ICF/MR beds' cost and one-half the cost of regional center ICF/MR beds' cost. The result will be lower costs for community residential services per person served and the resulting achievement of having persons served in the least restrictive environment for their particular need for services. Reduce the waiting list by increasing number of individuals receiving residential services by 50 and this will be accomplished over a two year period ending June 30, 2008.

Outcome Measures:

FY 07 Average Community Training Home cost: \$48,300. FY 07 Average Community ICF/MR cost: \$85,500. FY 07 Average Regional Center ICF/MR cost: \$113,900. In FY 07, DDSN was in compliance with the Olmstead Supreme Court decision.

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1030 Head and Spinal Cord Injury Community Training Homes

Community training homes (CTH) offer individuals the opportunity to live in a homelike environment under the supervision of qualified and trained staff. Personalized care, supervision and individualized skills training are provided for one to four individuals living in a home with most homes having four individuals. Caregivers are either trained private citizens who provide care in their own homes or employees who provide care in a home that is owned or rented by the provider organization or consumer. They provide 24 hour care in locally operated cost efficient, family-like out-of-home placements in the community for those individuals with head or spinal cord injuries whose needs cannot be met with family supports. 27 consumers with head or spinal cord injuries across the state are living in these types of homes in local communities.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,609,498	\$795,272	\$0	\$0	\$0	\$1,814,226	0.00

Expected Results:

Serve twelve additional consumers whose needs could not be met with family support services.

Outcome Measures:

Twelve consumers were placed during FY 07. Twelve additional HASCI consumers will be served through this service in FY 08.

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1031 Head and Spinal Cord Injury Assisted Living

Supervised living programs (SLP) serve adults with head or spinal cord injuries capable of more independence with some support. The individuals may live in apartments, duplexes and other single family homes. Supervision, skills training, personal care and other support services are provided based on the individuals' needs. This residential option provides the least amount of supervision and is the least expensive to operate. Across the state, 11 consumers with head or spinal cord injuries are living in these types of assisted living settings.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$271,019	\$127,740	\$0	\$0	\$0	\$143,279	0.00

Expected Results:

Serve four additional consumers whose needs could not be met with family support services. Maintain a cost differential that is one-half of the cost of community training homes beds' cost in the local communities. DDSN will maintain compliance with the Olmstead Supreme Court decision.

Outcome Measures:

Four additional consumers were placed during FY 07. FY 07 Average SLP cost: \$17,100. FY 07 Average Community Training Home cost: \$48,300 In FY 07, DDSN was in compliance with the Olmstead Supreme Court decision.

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1032 Regional Centers - Intermediate Care Facility/Mental Retardation (ICF/MR)

Regional residential centers provide 24-hour care and treatment to individuals with mental retardation or autism with substantially greater medical, behavioral and psychological needs. Regional center care is provided only when all other appropriate community services are not available to ensure the health, safety and welfare of each consumer. The centers are the most expensive residential alternative due to the level of complexity and specialty care and supervision needed. S.C. Code of Laws 44-20-365 limits closing of regional centers without legislative approval.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$98,723,958	\$54,000,359	\$40,000	\$0	\$0	\$44,683,599	2,319.40

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Expected Results:

Reduce the number of individuals funded in the most expensive ICF/MR residences by 36 during the year. Keep the cost per day at less than the national average when compared to other states' regional center ICF/MR costs. Maintain all state and federal licenses and certifications by passing DHEC licensure and certification surveys during the year. DDSN will continue to use its "money follows the person" principle for the 13th consecutive year. DDSN will rank above the national average in the severity levels of the people served in regional centers.

Outcome Measures:

The regional center funded capacity declined by 44 in FY 07, from 940 to 896. DDSN regional center ICF/MR per day costs are \$312 as compared to \$457 nationally. 100% of the regional centers maintained their licenses and received annual certification. \$3.2 million dollars were permanently transferred to services provided in the consumer's own home and in his/her community. The percentage of institutional consumers with severe/profound disabilities living in DDSN's regional centers is 88.5%. Nationally, this percentage is 79.3%. The needs of individuals served in DDSN's regional centers are higher than the national average.

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1033 Administration

Administration includes the agency's executive leadership, fiscal management divisions (budget, accounting and cost analysis), human resources and legal services, purchasing, and information technology management. DDSN administration develops and implements strategic goals and policy, assesses decision making processes, performance goals, determines key priorities for improvement and provides oversight to areas of service development, organizational and system responsiveness and funding.

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Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$7,928,732	\$5,609,286	\$0	\$0	\$0	\$2,319,446	97.00

Expected Results:

Utilized resources to maximize services while minimizing administrative cost. Accurately cost services and track program data for monitorship and decision making. Assure compliance with Medicaid regulations and certification in order to maintain Medicaid reimbursements.

Outcome Measures:

Keep administration's costs below 2% of total agency costs. Maintain the level of Medicaid earning as a percentage of the total agency's expenditures.

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1862 Traumatic Brain or Spinal Cord Injury Post-Acute Rehabilitation

New program that enables people with traumatic brain injury or spinal cord injury to obtain an appropriate level of specialized inpatient and outpatient rehabilitation. Currently, most consumers with TBI or SCI have to go out of state for the most appropriate post-acute rehabilitation services or without services. Only one hospital currently operates a limited program for TBI consumers in the upstate.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$2,900,000	\$2,100,000	\$0	\$0	\$0	\$800,000	0.00

Expected Results:

Provide 25 TBI/SCI consumers with in-state post-acute rehabilitation services. Add one rehabilitation center in the low country. Add two centers within 25 miles of the state's border. Expand program in the upstate. Task force developing exact program details.

Outcome Measures:

This is a new program. A number of consumers whose post-acute rehabilitation hospital costs will be covered. The number of start-up grants within the state to expand the number of sites.

EXPLANATION:

New program that enables people with traumatic brain or spinal cord injury to obtain an appropriate level of specialized rehabilitation. Initial funding for this activity was provided by the General Assembly for FY 2007-2008.

Agency: J16 - Department of Disabilities and Special Needs **Functional Group:** Health

1863 Pervasive Developmental Disorder Waiver

Medicaid waiver for children with a diagnosis of Pervasive Developmental Disorder to include Autism and Asperger's Syndrome. This waiver was implemented on January 2, 2007 as a pilot project. Through this waiver children under the age of twelve receive Early Intensive Behavior Intervention (EIBI) Treatments. The treatments systematically apply interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree. Socially significant behaviors include reading, social skills, communication, and adaptive living skills. Adaptive skills include gross and fine motor skills, eating and food preparation, toileting, personal self-care, and home and community orientation.

FY 2007-08

Total	General Funds	Federal Funds	Supp. Funds	CRF	Other Funds	FTEs
\$15,950,000	\$3,000,000	\$0	\$4,500,000	\$0	\$8,450,000	0.00

Expected Results:

Serve approximately 500 children in this program by the end of June 2008. Continue to recruit and develop qualified providers to help meet the demand for service. Children will improve on adaptive social and behavior scores on standardized assessments. Costs for children in waiver is less than costs for children in a community ICF/MR.

Agency Activity Inventory
by Agency
Appropriation Period: FY 2007-08

Outcome Measures:

This is a new program. By the end of FY 07, 128 children had been assessed for this program. DDSN will serve up to 500 children by the end of FY 08. EIBI assessments will produce a percentage difference between baseline scores and scores at the end of one year. Cost per child per year in PDD waiver is approximately \$39,000 as compared to a cost per child per year of \$85,500 for community ICF/MR care.

EXPLANATION:

Medicaid waiver for children with a diagnosis of Pervasive Developmental Disorder to include Autism and Asperger's Syndrome. Pilot project was initially funded during FY 2006-2007 with expansion funding allocated for FY 2007-2008. Waiver was implemented January 2, 2007.

AGENCY TOTALS

Department of Disabilities and Special Needs

TOTAL AGENCY FUNDS	TOTAL GENERAL FUNDS	TOTAL FEDERAL FUNDS	TOTAL OTHER FUNDS
\$565,422,558	\$183,938,550	\$774,437	\$371,709,571
	TOTAL SUPPLEMENTAL FUNDS	TOTAL CAPITAL RESERVE FUNDS	TOTAL FTEs
	\$8,500,000	\$500,000	2,561.40